



EmplID _____
IS OS _____
Staff Initial _____
Date _____

RESIDENCY

This information is used to determine your tuition rate and next steps for enrolling at the college.

Student ID#: _____ First Name: _____ Last Name: _____

What is your current citizenship status?

- | | |
|--|--|
| <input type="checkbox"/> Native U.S. Citizen (born in U.S. or abroad to a U.S. Citizen)
<input type="checkbox"/> Naturalized U.S. Citizen (received citizenship after birth)
<input type="checkbox"/> Refugee <input type="checkbox"/> Resident Alien
<input type="checkbox"/> Currently living outside of the U.S. and not a U.S. citizen/resident
<input type="checkbox"/> Currently in the U.S. as a Non-immigrant Resident Alien
<input type="checkbox"/> Other category not listed above | <input type="checkbox"/> Permanent Resident of the U.S.
Permanent status: <input type="checkbox"/> Asylee |
|--|--|

Visa Type: _____ Permanent Resident Number: _____ Country of Citizenship: _____

What is your primary spoken language? ☐ English ☐ Other

In-state Tuition Eligibility:

- | | |
|---|---|
| <input type="checkbox"/> I want to claim eligibility based on my spouse.

<input type="checkbox"/> I want to claim eligibility based on my parent.

<input type="checkbox"/> I want to claim eligibility based on my court appointed Legal Guardian.
If applying under one of the above, provide name:

<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> First Last </div> | <input type="checkbox"/> I am over 24 and want to claim eligibility based on myself.
<input type="checkbox"/> I am under 24 and want to claim eligibility based on myself. |
|---|---|

If under 24, select all that apply

- | | |
|--|---|
| <input type="checkbox"/> I am a Veteran or active duty member of the U.S. Armed Forces
<input type="checkbox"/> Both of my parents are deceased, and I have no adoptive or legal guardian
<input type="checkbox"/> I have legal dependents other than my spouse.

<input type="checkbox"/> I am financially self-sufficient.

<input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18.

<input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree.

<input type="checkbox"/> I am married. | <input type="checkbox"/> I want to claim eligibility based on my court appointed Legal Guardian.
If applying under one of the above, provide name:

<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> First Last </div> <input type="checkbox"/> Native U.S. Citizen (born in U.S. or abroad to a U.S. Citizen)

<input type="checkbox"/> Naturalized U.S. Citizen (received citizenship after birth)

<input type="checkbox"/> Permanent Resident of the U.S.
Permanent status: <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> Resident Alien
<input type="checkbox"/> Currently living outside of the U.S. and not a U.S. citizen/
<input type="checkbox"/> Currently in the U.S. as a Non-immigrant Resident |
|--|---|

RESIDENCY cont'd

☐ Other category not listed above

Visa Type: _____ Permanent Resident Number: _____ Country of
Citizenship: _____

Has the person under whom you are applying lived in Virginia for the past twelve months? ☐ Yes ☐ No

For the past twelve months, which one of the following applies to the person under whom you are applying?
Check one.

- ☐ Paid Virginia income taxes on all earned income. ☐ Filed as a resident in ANOTHER state.
☐ Filed as a resident in Virginia and a non-resident in another state.
☐ Was a resident in a state without income tax. ☐ Had no taxable income.

Do you live outside of Virginia, but worked in Virginia for the past twelve months and paid Virginia income taxes on at least \$14,500 of earned income? ☐ Yes ☐ No

For the past twelve months, has the person under whom you are applying:

- Held a Virginia driver's license or Virginia DMV ID? ☐ Yes ☐ No If no, any other state? ☐ Yes ☐ No
- Owned or operated a motor vehicle registered in Virginia? ☐ Yes ☐ No If no, any other state? ☐ Yes ☐ No
- Been registered to vote in Virginia? If no, any other state? ☐ Yes ☐ No If no, any other state? ☐ Yes ☐ No

Make sure you [or your parent/guardian if under 18] sign the final page, before completing your application.

SIGNATURE AND RELEASE**Release of Information:**

In accordance with §23.1-407 of the Code of Virginia, your name, date of birth, gender, and student identification number will be submitted to the Virginia State Police. By proceeding with the application process, you consent to this submission.

Firearm Notice:

Possessing, brandishing, or using a weapon while on any college or VCCS office property, within any college or VCCS office facilities, or while attending any college or VCCS educational or athletic activities by students is prohibited, except where possession is a result of participation in an organized and scheduled instructional exercise for a course, or where the student is a law enforcement professional. By proceeding with the application process, you acknowledge and agree to abide by this policy if accepted to a VCCS college.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin, or other non-merit factors.

Signature of Applicant

Date

Signature of Parent Legal Guardian

Date